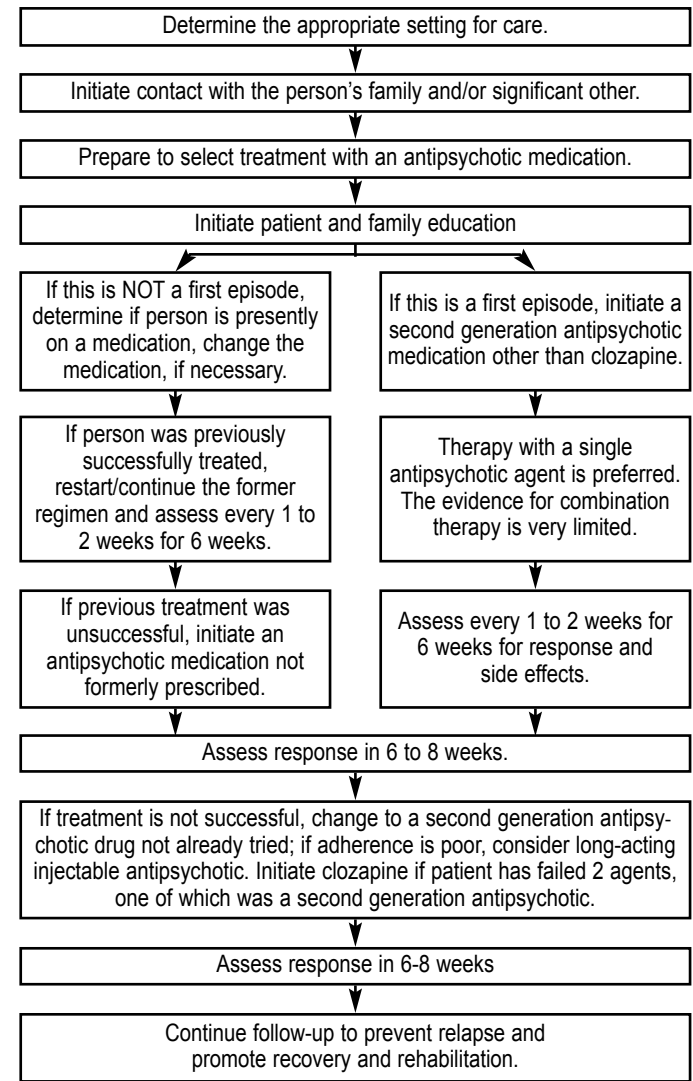


PSYCHOSES AND SCHIZOPHRENIA TREATMENT



Antipsychotic Agents- Oral Dosage

	Generic Name	Initial Dosage	Dosage Range
Conventional Antipsychotics	chlorpromazine	10-25mg tid	200-800 mg
	thioridazine*	50 mg tid	150-600 mg
	mesoridazine*	50 mg tid	75-300 mg
	trifluoperazine	1-2 mg bid	5-20 mg
	fluphenazine	0.5-1 mg bid	2-20 mg
	perphenazine	2 mg bid	8-32 mg
	thiothixene	2 mg tid	4-30 mg
	loxapine	10 mg bid	60-100 mg
	haloperidol	0.5-1 mg bid	2-20 mg
	molindone	10 mg bid	50-225 mg
Second Generation Antipsychotics	clozapine**	12.5mg bid	150-600 mg
	risperidone ^(a)	1 mg bid	2-8 mg
	olanzapine***	5-10 mg qd	5-25***mg
	quetiapine	25 mg bid	200-800 mg
	ziprasidone	20 mg bid	40-160 mg
	aripiprazole	10-15 mg qd	10-30 mg

(a) risperidone long-acting injection
Initial Dosage 25 mg IM q 2 wks
Dosage Range 25-50 mg IM q 2 wks

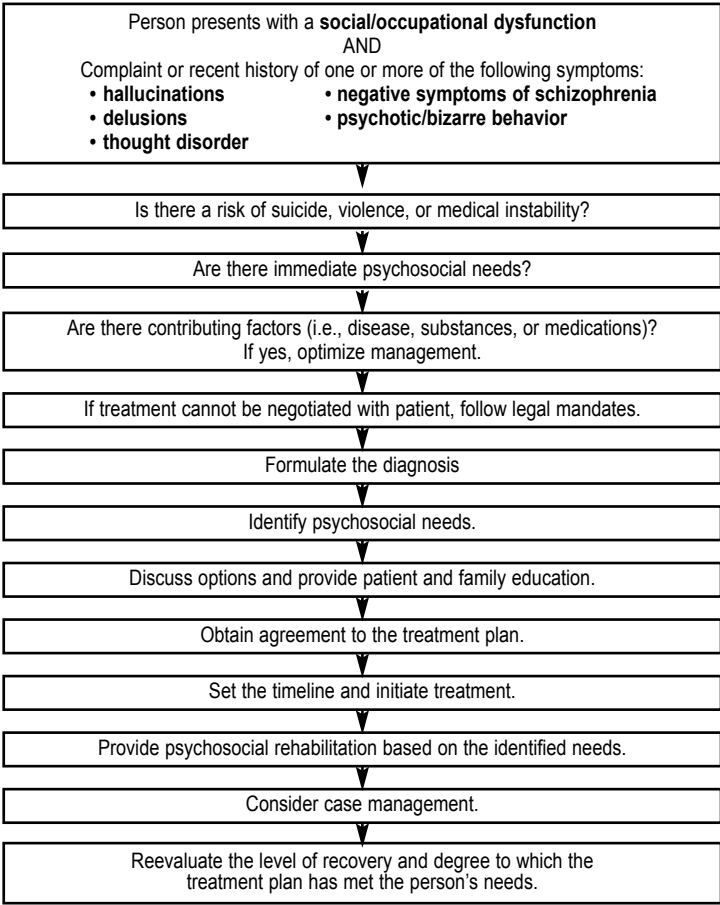
* Role in therapy should be rare. Please review warning prior to initiating treatment.

** Not recommended for first-line treatment.

***Based on anecdotal evidence, dosages at this upper level may be appropriate for some patients.

VA/DoD Clinical Practice Guideline
Management of Psychoses
Pocket Guide

INITIAL SCREENING AND INTERVENTION



Assess Risk for Suicide or Self Harm

- Is the person alone and able to care for himself/herself?
- Are medications or weapons available that could result in dangerous behavior?
- Is personal safety a concern due to impaired cognition?
- Is the person becoming suicidal or violent toward others?
- Suicidal risk markers: current suicidal ideas/plans; past history of suicidal acts; presence of active mental illness (depression or psychosis); hopelessness; impulsivity; substance use disorder; available means for suicide (e.g., firearms or pills); formulation of plan; disruption of important personal relationships; and failure at important personal endeavors.
- *Presence of some or all suicidal risk markers indicates a need for mental health referral/consultation.*

Assess Risk for Violence

- Has the person expressed thoughts of potential harm to self or others?
- Has the person demonstrated violent acts or feelings?
- Does the person show thought control override symptoms?
- Has the person expressed great hostility toward political or prominent figures?
- Does the person have a history of violence or impulsivity?
- *Presence of definite intent (suicidal/homicidal ideation, intent, and/or plan) to harm self or others requires voluntary/ involuntary emergency psychiatric treatment.*

Assess Risk for Medical Instability

- Are the person's vital signs within normal ranges?
- What is the person's level of consciousness?
- Is the person in acute pain?
- If needed, the person should be stabilized by means normally used in an intensive care or emergency medicine setting.

Side Effects of Conventional and Second Generation Antipsychotics

Drug	Oral Dosage Range in mg.	EPS	Anti-Cholinergic	Ortho Hypo	Pro-lactin	Sedation	Wt Gain	Comment
Conventional Antipsychotics								
chlorpromazine	200-800	++	+++	+++	+++	+++	++	
thioridazine	150-600	+	++/+++	+++	+++	++/+++	++	Recommend very limited use - QT prolongation; retinal pigmentation at high doses
mesoridazine	75-300	+	++	++/+++	+++	+++	?	Recommend very limited use - QT prolongation
trifluoperazine	5-20	+++	+	+	+++	+	?	
fluphenazine	2-20	+++	+	+	+++	+	0	
perphenazine	8-32	++	+ / ++	+	+++	+ / ++	?	
thiothixene	4-30	+++	+++	++	+++	+ / ++	?	
loxapine	60-100	++	++	+	+++	+	?	
haloperidol	2-20	+++	+	+	+++	+	0/+	
molindone	50-225	++	++	+	+++	++	0	
Second Generation Antipsychotics*								
clozapine	150-600	0/+	+++	+++	0/+	+++	+++	Blood monitoring for agranulocytosis; seizure risk
risperidone	2-8	+	+	++	+++	+	++	
olanzapine	5-25	+	+ / ++	+	0/+	+ / ++	+++	Based on anecdotal evidence, dosages at this upper level may be appropriate for some patients
quetiapine	200-800	0/+	+	++	0/+	++	++	Observe for cataracts
ziprasidone	40-160	+	+	+	0/+	+	0/+	Mild QT prolongation
aripiprazole	10-30	0/+	0/+	0/+	0/+	0/+	+	

[0=none +=mild ++=moderate +++=severe]

* Clinical reports suggest that some of the second generation antipsychotics may be associated with an increased risk of Type 2 Diabetes Mellitus as well as elevated lipids. Risk assignment of side effects for each second generation antipsychotic is not currently possible.

PSYCHOSOCIAL REHABILITATION

When the person is medically and psychiatrically stable, it is important to assess needs for psychosocial rehabilitation.

Rehabilitation may be needed in one or more of following seven domains:

1. The person who is not fully informed about health needs or does not avoid high risk behavior may benefit from health education.
2. The person who does not have self-care or independent living skills consistent with goals may need self-care or independent living skills training.
3. The person who does not have safe, decent, affordable housing may require housing assistance.
4. Family education and counseling may benefit the person whose family does not actively provide support.
5. The person who is not sufficiently socially active may require social skills training or assistance in finding appropriate venues for socialization.
6. Work restoration services are vital for any person who is not successful and fulfilled in a job.
7. A case manager may be helpful to the person who is unable to locate and coordinate access to needed services